RAJYA SABHA

Wednesday, the 5th May, 1993/
15th Vaisakha, 1915 (Saka)

The House met at eleven of the clock, Mr- Chairman in the Chair.

OBITUARY REFERENCE

MR. CHAIRMAN; Hon. Members, I refer with profound sorrow to the passing away of Shri Jayanthy Venketa-chela Kameswara Vallabharao, a former Member of the Rajya Sabha, on the 11th April 1993 at the age of 74 years.

Shri Vallabharao was born in December, 1919 atSompcta in Andhra Pradesh and had his education at Andhra University. He was closely connected with the trade union movement and was associated with General Council of the AITUC. He was also the President of the Mining Workers, Union.

Shri Vallabharao was a Member of this House representing the State of Andhra Pradesh from 1954 to 1960 and served on the Public Accounts Committee from 1956 to 1958. Consistently he championed the cause of the poor and the downtrodden.

We deeply mourn the passing away of Shri Jayanthy Venketachela Kameswara Vallabharao.

I request the Members to rise in their places and observe silence as a mark of respect to the memory of the departed.

(Hon. Members then stood in silcence for one minute).

MR. CHAIRMAN : The Secretary-General will convey to the members of the bereaved family our deep sense of sorrow and sympathy.

ORAL ANSWERS TO QUESTIONS

*141. श्री राम जेठमलानी :
डा० जिनेन्द्र कुमार जैन :

क्या स्वास्थ्य और परिवार कल्याण मन्त्री यह बताने की कृपा करेंगे कि :—

(क) क्या यह सच है कि सरकार द्वारा 1980 के दशक के प्रारंभ में राष्ट्रीय स्वास्थ्य नीति घोषित की गई थी;

(ख) यदि हां, तो क्या इस नीति के अन्तर्गत निर्धारित लक्ष्य प्राप्त कर लिए जाने की संभावना है;

(ग) यदि हां, तो उसका ब्यौरा क्या है;

(घ) क्या सरकार वर्तमान में स्वास्थ्य तथा चिकित्सा क्षेत्र में कार्यरत स्वैच्छिक संगठनों से परामर्श कर नयी स्वास्थ्य नीति घोषित करने का विचार रखती है; और

(ङ) यदि नहीं तो इसके क्या कारण हैं ?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PA BAN SINGH GHATOWAR) : (a) to (c) Yes, Sir. The National Health Policy was adopted in 1983 and the targets in respect of infant mortality rate, life expectancy at birth, crude death rate and the immunisation targets are likely to be achieved.

(d) and (e) No, Sir. However, the goals and implementation strategies are continually reviewed in consultation with all concerned.

DR. JINENDRA KUMAR JAIN : Sir, the National Health Policy was formulated and announed in the year 1983. Ten years have passed and now the hon. Minister tells this House that

*सभा में यह प्रश्न डा० जिनेन्द्र कुमार जैन द्वारा पूछा गया ।

the Government does not propose to announce a new Health policy. My finding is that, while this Parliament is being kept in the dark, the Government is actively engaged in a dialogue with the World Bank. I would like to know from the hon. Minister whether the Government is engaged in a discussion with the World Bank on health finance and policy. Is the purpose of this discussion to clarify the National Health Policy and its direction in the face of adjustments ? Has the World Bank already prepared a report on this study and, if so, has it already shown that to the Ministry ? Why has the Government not considered it necessary to consult the Indian Parliament and our policy formulating bodies like the Central Council of Health before committing vital policy decisions to the World Bank and why is the Government refusing to share the information with Parliamentarians ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : Sir, the hon. Members are aware that for the first time the Health Policy document was adopted by Parliament in 1983, about 10 years ago. The Health Policy did envisage many things. I do not want to take the time of the House by going into the objectives and goals that wer e envisaged to be achieved by the year 2000 A.D. For the limited question which the hon. Member has said that we were not disclosing the facts and that we had committed to the World Bank without taking Parliament into confidence, I would say that I do not agree with the hon. Member's view. The question of reviewing the Health Policy relates to programme implementation. The last para of the policy document itself envisages a review of the policy and programme: Many Committees have gone into reviewing the various aspects of policy implementation. The process of studying the reports of the various committees is on. We have not yet come to the conclusion that there is need for a new health policy.

SDR. JINENDRA KUMAR JAIN : Sir, I will, with your permission ask my second supplementary. But please allow me to say that the hon. Minister has not taken care of my first supplementary. It is a matter of fact that there is a report and my only questions are, why the World Bank should be consulted, why the international press can keep commenting on this, why parliamentarians cannot have a copy of this report at whatever stage it is ? *(Interruptions)*

MR. CHAIRMAN : That copy will be available everywhere.

DR. JINENDRA KUMAR JAIN: If you have directed, I will be satisfied, Sir. .. .*(Interruptions)*

SHRI VIREN J. SHAH : You are saying, not the Minister. He has not made the copy available.

MR. CHAIRMAN : The point is, the Minister has answered that so much reviewing is being done internally and they have come to the conclusion that a new policy statement need not be made now.

DR. JINENDRA KUMAR JAIN : Sir, I can submit the reports from the international press to you where they have discussed the decisions which the Ministry of Health, the Government of India, has taken in consultation with the World Bank. My point is that this Parliament is supreme for deciding the policy issues for India.

MR. CHAIRMAN : You come to Parliament. Please ask your second supplementary.

DR.JINENDRA KUMAR JAIN : Thank you, Sir. But I hope that the hon. Minister will take care of what you said to me that he would give me a copy. Sir, under the National Health Policy, we have a number of national health programmes which arc technically supervised and monitored by our Directorate-General of Health Services. Sir, is it true—I would like to know from the hon. Minister—that we have one post of Director General and 12 posts in the rank of Additional Director-General of Health in his Ministry and that out of these 13 top posts, 11 are lying vacant at the moment? While we are talking of achieving the targets, out of 13 posts if 11 posts are lying vacant, I would like to know from the hon. Minister as to what the reasons for not filling up these top 11 posts are and by what time he will be able to fill up all the posts so that the work can be carried out in accordance with the National Health Policy.

SHRI B. SHANKARANAND : Sir, I will not say anything against the observation of the hon. Member in this case. It is a fact that there are many posts wich are lying vacant for various historical reasons. I will not be able to tell you all the reasons why a particular post is vacant. But we will definitely take steps to see that these posts are filled in.

DR. JINENDRA K.UMAR JAIN : What historical reasons ? Is it the ineffciency of the Ministry ?..... *(Interruptions)....*

DR. YELAMANCH1L1 SIVAJl : Sir, Parliament lays down the policy but the recommendations of the various Committees like the Bhor Committee, the A.L. Mudaliar Committee etc., are yet to be implemented. In spite of the repeated assurances of the Government, the infant mortality rate is much higher in the rural areas and the life expectancy is also much lesser whan compared to their counterparts in the urban areas. We are not in a position even to supply the protected water and thereby gastroenteritis and cholera are much prevalent in the rural areas. I would like to know what steps the Government proposes to take under the National Health Policy so that the rural people are also covered under this scheme and how the Government proposes to implement this.

SHRI PABAN SINGH GHATO-WAR : Sir, about drinking water, I think it comes under the Rural Development Department. About control of cholera and other diseases, we have extensive programmes and we are propagating these programmes with the help of the State Governments and when it is necessary the Central Government always extends the necessary help to the State Governments to control all these diseases. About infant mortality rate, I can give the figures. It was 122 in 185 and it has come down to 80 in 1991. There is a significant fall in the case of infant mortality rate.

श्रीमती सरला माहेश्वरी : माननीय सभापति महोदय, मैं मंत्री महोदय से यह जानना चाहती हूं कि क्या मंत्री महोदय इस बात से अवगत हैं कि भारत की आबादी में लगातार कई दशकों से पुरुषों की तुलना में महिलाओं की संख्या लगातार घटती जा रही है ? इस तथ्य को मद्देनजर रखते हुए मैं मंत्री महोदय से यह भी जानना चाहूंगी कि क्या मंत्री महोदय इस बात से अवगत हैं कि भारत एक ऐसा देश है, जहां विकसित देशों की तुलना में ही नहीं बल्कि

विकसित देशों की तुलना में भी इन्फेन्ट मोरटेलिटि रेट और फीमेल मोरटेलिटि रेट कहीं ज्यादा है । मैं मंत्री महोदय को यह तथ्य बताना चाहूंगी कि वर्ल्ड हेल्थ आर्गेनाइजेशन ने एक रिसर्च की और उस रिसर्च से यह पता चला कि भारत में जो मृत्यु दर है, महिलाओं की प्रसूति के दौरान, उसमें 70 प्रतिशत प्रसूति के दौरान जो मृत्यु होती है वह एनीमिया के कारण होती है रक्त की कमी के कारण होती है, तो इसको मद्देनजर रखते हुए मैं मंत्री महोदय से यह जानना चाहूंगी कि क्या वह सर्वांगीण स्वास्थ्य नीति परिवार कल्याण को ध्यान में रखते हुए अपना रहे हैं ? क्या वह स्वास्थ्य की नीति का विकेन्द्रीकरण कर रहे हैं ताकि गांव में मोरटेलिटि रेट जो ज्यादा है उस को कम किया जा सके ? वहां स्वायत संगठनों को, स्वैच्छिक सगठनों को शामिल करते हुए ताकि गांव में दाइयों को शामिल किया जा सके, जो कि व्यापक संख्या में यह काम करवाती हैं, क्या इन स्वैच्छिक संगठनों के जरिए स्वास्थ्य बीमा जैसी नीति सरकार अपना रही है ? तथा, इन तमाम तथ्यों को, जिनका मैंने जिक्र किया, उसको मद्देनजर रखते हुए मंत्री महोदय मुझे बताएंगे कि आज तक उन्होंने क्या रिव्यू किया है ? क्या समीक्षा की है ? उसके परिणाम क्या निकले हैं ? और इन परिणामों को देखते हुए भावी नीतियां आप क्या ले रहे हैं ? धन्यवाद ।

SHRI PABAN SINGH GHATOWAR : Sir, it is a fact that birth is a painful event. Through the Family Planning programme and with the help of the State Governments, we are try ing to propagate institutionalised deli very so that this can be minimised. Many births are taking place in the houses without having any medical facility and there are not many users of institutionalised delivery. We are propagating that through our Family Planning programmes. Sir, there are problems in family planning and we are, providing to the State Govern ments.... (Interruptions)

SHRIMATI SARALA MAHESHWARI : Sir, he is saying that he is doing this and doing that. These are general things. How has it improved during the last five years ? Will the Minister explain how the infant mortality rate has come down ?

SHRI VIREN J. SHAH : The Minister has perhaps not come prepared.

SHRI. B. SHANKARANAND : Sir, we have succeeded in bringing down the infant mortality rate and let us not decry our own efforts in this direction. We have achieved considerable success in bringing down the mortality rate among the infants and their mothers. The reason for these rates coming down is that we have provided various health facilities in the country. But it is true that a large number of Primary Health Centres and Sub-Centres are not functioning to the maximum possible limit. There is a lot of scope for improvement in utilising the capacity that we have created in this connection. But we will take all steps to see that the mortality rate is reduced.

SHRIMATI SARALA MAHESHWARI : But what are your specific plans ? This is what I want to know.

MR. CHAIRMAN : Next Question. Mr. Ram Naresh Yadav.

दिल्ली में अस्पतालों से नवजात शिशुओं का गायब होना

***142. श्री राम नरेश यादव :** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :—

(क) क्या सरकार का ध्यान दिल्ली से प्रकाशित हिन्दी दैनिक "जनसत्ता" के 22 अप्रैल, 1993 के अंक में प्रकाशित उस समाचार की ओर दिलाया गया है जिसमें यह कहा गया है कि दिल्ली के अस्पतालों से नवजात शिशु गायब हो रहे हैं;